

REQUEST FOR		REIMBURSEMENT - INVOICE	
Mail To: <u>Tennessee Department of Education</u> Attention: <u>Connie Givens</u> Address: <u>5<sup>th</sup> Fl, Andrew Johnson Tower</u> <u>710 James Robertson Parkway</u> <u>Nashville, TN 37243</u> Phone No. <u>(615) 253-6029</u>		DOE Approval Stamp:  <div style="text-align: center;"><b>APPROVED FOR PAYMENT</b></div> I certify that this payment is for goods and/or services delivered  <hr/> Assistant Commissioner or Designee  Date _____ Allotment Code _____ Cost Center _____ Object _____ Grant No. _____ Contract No. _____	
Name and Address of entity Submitting the request:		<div style="text-align: center;">X</div>	
Phone Number		<div style="text-align: center;">X</div>	
<div style="text-align: center;">X</div>		<div style="text-align: center;">X</div>	
Request for Period		Program	
From	Through	Description	Contract Number
X	X	<b>Coordinated School Health</b>	X
TOTAL			X
As an authorized representative of the above named contractor or grantee, I certify that this invoice and the attached supporting documents are true and accurate to the best of my knowledge and hereby request funds for the total amount shown above.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="text-align: center;">X</div>   <div style="text-align: center;">(Title)</div> </div> <div style="width: 45%;"> <div style="text-align: center;">X</div>   <div style="text-align: center;">(Signature)</div> </div> </div>			
<b>DO NOT WRITE BELOW THIS LINE - EDUCATION ACCOUNTING OFFICE USE ONLY</b>			
Department of Education Certification: I certify that this invoice was sub- mitted in accordance with appropriate requirements and is proper for payment.		Voucher No. _____ Date Approved _____ Date Paid _____	
_____ (Approved Signature)			